

OSAH FORM 1

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NO:	AGENCY CODE ORS	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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NAME OF REFERRING AGENCY: OFFICE OF REGULATORY SERVICES

(Use for All Referrals EXCEPT CRCDC And CRCPCH)

CHECK ONE: ☐ REVOCATION ☐ CIVIL PENALTY ☐ DENIAL ☐ SANCTION

EXPEDITED HEARING REQUEST: ☐ YES {IF YES, SCHEDULE HEARING BY: _____} ☐ NO

HEARING TO BE SPECIALLY SET: ☐ YES {IF YES, SUGGESTED VENUE: _____} ☐ NO

ESTIMATED TIME FOR HEARING: _____ STANDARD OF PROMPTNESS (SOP): _____

COUNTY OF RESIDENCE OR PLACE OF BUSINESS: _____

DATE OF REQUEST FOR HEARING: _____

SELECT ONE CASE TYPE

<input type="checkbox"/> ASTC Ambulatory Surgical Treatment Ctr <input type="checkbox"/> BC Birthing Center <input type="checkbox"/> CCI Child Care Institution <input type="checkbox"/> CLAB Clinical Lab <input type="checkbox"/> CPA Child Placing Agency <input type="checkbox"/> DATP Drug Abuse Treatment Program <input type="checkbox"/> DC Day Care Center <input type="checkbox"/> EB Eye Bank <input type="checkbox"/> EPAMR Emergency prohibition of admission to an institution or placement of a monitor or relocation of same.	<input type="checkbox"/> ESRD End Stage Renal Disease <input type="checkbox"/> FDCH Family Day Care Home <input type="checkbox"/> GDCH Group Day Care Home <input type="checkbox"/> HF Hospice facility <input type="checkbox"/> HHA Home Health Agency <input type="checkbox"/> HOS Hospital <input type="checkbox"/> ICFMR Intermediate care facility for the mentally retarded <input type="checkbox"/> INF Infirmary <input type="checkbox"/> IRTF Intensive Residential Treatment Facility	<input type="checkbox"/> MATH Maternity Home <input type="checkbox"/> NAR Nurse aide registry <input type="checkbox"/> NH Nursing Home <input type="checkbox"/> OTP Outdoor Therapeutic Program <input type="checkbox"/> PCH Personal Care Home <input type="checkbox"/> PHCP Private Home care provider <input type="checkbox"/> TBIC Traumatic Brain Injury Center <input type="checkbox"/> XRAY X-ray user <input type="checkbox"/> OTHER Specify facility: _____
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CONTACT PERSON IN REFERRING AGENCY AND AGENCY ATTORNEY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL:
		PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:
		PAGER:

NON-AGENCY PARTY Note to OSAH input clerk "Facility" for Facilities, , "Daycare Facility" for DC, "Personal Care Home" for PCH, "Nurse Aide" for NAR

NAME OF NON-AGENCY PARTY:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	IS THE NON-AGENCY PARTY A CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE NAME AND ADDRESS OF REGISTERED AGENT	EMAIL:
		PAGER:
REGISTERED AGENT, IF CORPORATION:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	RELATIONSHIP TO CORPORATION:	EMAIL:
		PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:
		PAGER:

PARTY REQUESTING THE HEARING: ☐ REFERRING AGENCY ☐ NON-AGENCY PARTY ☐ NON-AGENCY PARTY'S ATTORNEY

FOR PURPOSES OF THIS HEARING, THE PARTY INDICATED WILL BE ☐ PETITIONER ☐ RESPONDENT IN THIS MATTER.

DOCUMENT INITIATING THE HEARING: As "Attachment 1" to this form, attach the document initiating the hearing.

ISSUES TO BE RESOLVED: As "Attachment 2", attach an outline of the legal issues and factual matters to be resolved at the hearing including specific statutes or rules to be applied at the hearing.

SPECIAL REQUIREMENTS: As "Attachment 3", attach a sheet identifying any statutes or rule (state or federal) establishing any specific time deadlines or procedures that are to be applied by OSAH in resolving the matter referred.

SERVICE OF DOCUMENTS: In addition to routine service on the agency's attorney, the agency contact person requests the following:

- ☐ No service of documents prior to certification of the file to the agency after a decision
☐ Service of all documents prior to certification of the file to the agency after a decision
☐ Service of a copy of the notice of hearing ☐ Service of a copy of a continuance ☐ Service of copy of any interim orders.

All documents will be mailed to the referring agency at the address indicated for the contact person to the contact person's attention unless written instructions provide an alternative place for service.